

04-38-48881

State Div. Emergency Gov't. (608) 266-3232
U.S. Nat'l. Response Center (800) 424-8802
Chemtrec/Pesticides/Chlorine (800) 424-9300

Spill ID Number
93083004
Y Y M M D D 0-99

188840-8840

Date of Incident 08-30-93	Day of Week Mon	Time of Incident 3:50	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Reported By (Name) Len Moore	Telephone Number (715) 735-9033
Date Reported 08-30-93	Day of Week Mon	Time Reported 4:50	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Agency or Firm Reporting Specialty Chem	Reported thru Div. Emergen. Gov't. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Substance Involved METHYL AMMONIA	Quantity 100-500	Units lbs	Person of Firm Responsible Specialty Chem	Name of Firm Responsible Specialty Chem	
Substance Involved	Quantity	Units	Contact Name Len Moore	Telephone Number (715) 735-9033	

Physical Characteristics

Solid Liquid Gas Gas

Color: _____ Odor: Ammonia

Address - Street or Route: 2 STANTON ST.

City, State, Zip Code: Manitowish WI 54143

Cause of Incident: Ruptured disc - safety device on vessel

Exact Location Description (intersection, mileage, etc.): _____

Action Taken By Spiller

No Action Taken No Notification Investigate

Containment; Type _____

Cleanup; Method _____

Amount Recovered: NONE

Monitor: cloud blew ton. w. Manitowish

Contractor Hired; Name _____

Other Action _____

County Location: _____

Groundwaters Affected: Yes No Potential

Surface Waters Affected: Yes No Potential

Name of Surface Water: _____

Date District Notified: _____

District Person Notified: _____

Telephone Number: _____

Date Investigated: 8-30-93

Day of Week: Mon

Time Investigated: 9:40

Person Investigating: Steven Deape

Telephone Number: (715) 735-0101

Action Taken By DNR

No Action Taken Investigation Supervise/Conduct Cleanup

Spiller Required To Take Action; Type: met w/ moore @ his office

Contractor Hired By DNR; Name: _____

Amount Recovered: _____

29.29 Enforcement: _____

Other Agencies on Scene

Local: Manitowish Police & Fire, Manitowish Fire Dept.

State: _____

Federal: N.R.C.

Spilled Substance Destination: Air Soil Groundwater Surface Water Storm Sewer Sanitary Sewer Contained/Recovered Other



Person Filing This Report (print name): _____

Signature: _____ Date Signed: _____

Additional Comments:

Faulty disc blew @ 50 psi rather than 90 psi. As supposed to initial reports 500 lbs of product. Now probably less than 100.

Report of this incident to be filed with gov't agencies later this week. Also report from 6-93 spill to be sent this week.



SPC

SPECIALTY CHEM™ PRODUCTS CORPORATION

MEMBER, CHEMDESIGN® GROUP

TWO STANTON STREET, MARINETTE, WI 54143

(715) 735-9033

FAX NO. (715) 735-5304

QUALITY: THE FIRST TIME, EVERY TIME

September 16, 1993

Warden Stephen Daye
Wisconsin Department of Natural Resources
P. O. Box 16
Marinette, WI 54143

Dear Warden Daye:

This is the follow-up written report on the accidental release of methylamine (monomethylamine) which had been reported to the DNR on August 30, 1993.

Incident Description: At approximately 0345 hours on August 30, 1993, a 4 inch graphite burst disk rated at 90 pounds per square inch ruptured at the normal operating pressure of about 50 pounds per square inch on reaction vessel 5202. Approximately 655 gallons of reaction mixture was released, but most was contained by the building 52 blow down tank. The vent to the methylamine absorber was quickly opened and full cooling was applied to vessel 5202, significantly reducing the amount of material released to the blow down tank and to the environment. Based on material balance, approximately 56 gallons of reaction mixture was released, of which, 347 pounds was methylamine.

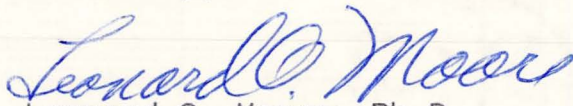
Reaction vessel 5202 (capacity 3850 gallons) was in use to produce MAADMA. Methylamine is one of the reactants. The reaction was at the step in the reaction sequence where all reactants have been charged and the mixture is being heated to 205⁰ F where it would be held to allow for completion of the reaction. The normal operating pressure during this operation is about 50 to 55 psig. The heat-up was about 2 hours into the normal 3 hour heating period and the temperature was 160⁰ F. At this point, the vessel contained a total of 3638 gallons, leaving a head space of approximately 16 inches to the rupture disk.

There was no evidence of any unusual activity until the disk failed.

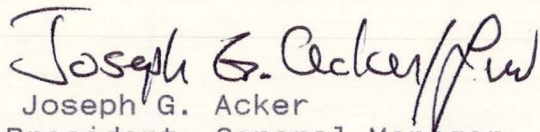
Letter
Warden Stephen Daye
Wisconsin DNR
September 16, 1993
Page 3

We are also reviewing the system used for the containment of the material leaving the vessels to determine if there is a means to contain the methylamine in case of another disk rupture.

Sincerely,



Leonard O. Moore, Ph.D.
V.P., Environmental Affairs



Joseph G. Acker
President, General Manager

LOM:1m

cc: R. Brooks, R. Eby, R. Brinkley.
E. Sedor, L. White, G. Kandow, P. Everhart.
M. Ford, Chief, Marinette Fire Department.
R. Falkenberg, Chief, Menominee Fire Department.

Letter
Warden Stephen Daye
Wisconsin DNR
September 16, 1993
Page 2

All appropriate agencies were notified:

Marinette Fire Department
Marinette Police Department
Menominee Police Department
Director of Emergency Government
Ansul Security
Wisconsin State Emergency Response
Department of Natural Resources
National Response Center

The Menominee police patrolled the southern part of Menominee, but were unable to detect any amine odor.

No evacuations were required, nor were there any complaints received from residents in either Marinette or Menominee. Three employees of Ansul complained of respiratory irritation, but, according to Carl Servatius, Director of Safety, of Ansul, none required treatment.

Mitigation and Clean-up: There was no material to be cleaned up, since the release from the vessels was specifically into the air. The "MAADMA Post-Release Start-Up Checklist" was completed to assure that the blow down tank was emptied and cleaned and all systems were functional before proceeding with the production.

Prevention of Future Incidents: Several courses of action are being pursued to enable us to prevent the occurrence of future incidents of this type.

The manufacturer of the burst disk was contacted to determine why the disk burst 45 % below its stated limit and to confirm that the disk was being used at conditions and with chemicals that would be appropriate. We have also asked the disk manufacturer to estimate the useful life expectancy of the disk in this service.

The possible use of a pressure relief valve in conjunction with a rupture disk is being considered. This would minimize the amount released if the rupture disk fails.

SUBSTANCE SPILL/RELEASE ALERT FORM

Spill No./Notification Date and Military Time <u>9308300448</u> YY MM DD TIME	Information should be reported to: Department of Military Affairs Wisconsin Division of Emergency Government 4802 Sheboygan Ave., Room 99A, P.O.Box 7865 Madison, Wisconsin 53707-7865 (608) 266-3232 FAX (608) 266-1569	Date and Military Time of Incident <u>9308300350</u> YY MM DD TIME County: <u>MARINETTE</u>
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REPORTING INFORMATION

Reported by: <u>DR. LEONARD MOORE</u> (name) Address: <u>2 STANTON ST.</u> City: <u>MARINETTE</u> State: <u>Wis</u> Zip: <u>54143</u> Telephone: <u>715-735-9035</u>	Person/Firm Responsible: <u>SPECIALTY CHEM. PRODUCTS</u> Address: <u>2 STANTON ST.</u> City: <u>MARINETTE</u> State: <u>Wis</u> Zip: <u>54143</u> Telephone: <u>715-735-9035</u>
Spill Contact Person/Firm: _____ Address: _____ (if different from above) Telephone: _____ City: _____ State: _____ Zip: _____	

SUBSTANCE INFORMATION

Name of Substance/Quantity Involved: <u>METHYL-AMINE / 500 LBS</u>											
			<input type="checkbox"/> EHS Chemical			<input type="checkbox"/> CERCLA Chemical			<input type="checkbox"/> Unknown		
CAS #	Placard #	Quantity	Solid	Powder	Liquid	Vapor	Gas	Radio-Active	Unknown	Color	Odor
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SITE INFORMATION

Exact Location of Spill/Release (include Street Address, County, City, Village, Town, Highway, Intersection, Mileage, etc.):
2 STANTON STREET - MARINETTE CITY

Source of Spill <input type="checkbox"/> Transportation <input checked="" type="checkbox"/> Manufacture <input type="checkbox"/> Agriculture <input type="checkbox"/> Public Property <input type="checkbox"/> Construction <input type="checkbox"/> Business <input type="checkbox"/> Private Property <input type="checkbox"/> Other _____ <hr/> Weather Conditions Wind Speed and Direction _____ <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Other: _____	Spill Destination <input type="checkbox"/> Soil <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other <input type="checkbox"/> Surface Water <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential Name: _____ <input type="checkbox"/> Ground Water <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential Distance to nearest drinking water well: _____ feet
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PUBLIC HEALTH INFORMATION

Recommended safety precautions (known acute/chronic health risks):
NONE

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>No</th> <th>Unknown</th> <th>Yes</th> <th>Number</th> </tr> <tr> <td>Injuries</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Fatalities</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Facility Evacuated</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Public Evacuated</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Shelter facility:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> Hospital</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td> School</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td> Other/Type</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table>		No	Unknown	Yes	Number	Injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fatalities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility Evacuated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public Evacuated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shelter facility:					Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other/Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shelter Location and Name: _____ <div style="border: 2px solid black; padding: 5px; text-align: center; width: fit-content; margin: 0 auto;"> RECEIVED SEP - 2 1993 EMERG & REMEDIAL RESPONSE SECTION DIR OF SOLID & HAZRD WASTE </div>
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Other/Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										

RESPONSE INFORMATION

Local Responder on Scene (Give name of response agencies)

<input type="checkbox"/> Fire	<u>MARINETTE + MENO. MICH.</u>	Incident Commander:	
<input type="checkbox"/> Law Enforcement	_____	Name	<u>MICHAEL FORD</u>
<input type="checkbox"/> DNR	<u>RANDY STARK</u>	Title	<u>CHIEF CHIEF</u>
<input type="checkbox"/> County EG	_____	Dept.	<u>MARINETTE</u>
<input type="checkbox"/> EMS	_____	Telephone	<u>715-735-3342</u>
<input type="checkbox"/> Other:	_____	<input type="checkbox"/>	No further follow-up or state assistance required

List of contacts made by responsible party/firm or individual reporting incident:

Agency	Telephone Number	Contact Name
<input type="checkbox"/> Dist. Dept. of Natural Resources (DNR)	_____	_____
<input type="checkbox"/> Loc. Emer. Planning Committee (LEPC)	_____	_____
<input type="checkbox"/> Local Public Health	_____	_____
<input type="checkbox"/> CHEMTREC	<u>1-800-424-9300</u>	_____
<input type="checkbox"/> National Response Center (NRC)	<u>1-800-424-8802</u>	_____

Narrative: Cause of incident/Actions being taken/Other information:

RUPTURE DISK FAILED

DEG DUTY OFFICER CONTACTS

Agency	Telephone Number	Contact Name
<input type="checkbox"/> DNR (days)	<u>(608) 266-2141</u>	_____
<input type="checkbox"/> DNR (Duty Officer pager)	_____	_____
<input type="checkbox"/> DOT/State Patrol	<u>(608) 246-3228</u>	_____
<input type="checkbox"/> DH&SS	_____	_____
<input type="checkbox"/> DILHR	_____	_____
<input type="checkbox"/> DATCP	_____	_____
<input type="checkbox"/> NRC	<u>1-800-424-8802</u>	_____
<input type="checkbox"/> Area Director	_____	_____
<input type="checkbox"/> DEG, Dir. Bureau of Field Services and Disaster Resources	_____	_____

INCIDENT FOLLOW-UP (to include date and time)

PRODUCT WENT INTO THE ATMOSPHERE.

AGENCY DEFINITIONS

DEG	Div. of Emerg Government	NRC	Nat'l Response Center (Federal Reporting
CHEMTREC	Chemical Transportation Emerg. Center		Environmental Protection Agency US Coast Guard)
DNR	Department of Natural Resources	DILHR	Dept. of Industry, Labor and Human Relations
DOT/State Patrol	Dept. of Transportation	DATCP	Dept. of Agriculture, Trade and Consumer Protection
DH&SS	Dept. of Health & Social Services		

Reminder: If the release is of an EHS or CERCLA chemical at or above the reportable quantity, the responsible party must also submit a follow-up written report per Fed. Statutes, as soon as practicable, to the State Emergency Response Board, Box 7865, Madison, WI 53707-7865, the Local Emergency Planning Committee and the NRC.

Richard Pederson
Signature of DEG Duty Officer

Richard Pederson
Signature of Preparer